

# COUNTY OF LOS ANGELES

ROBERTO QUIROZ, M.S.W.

Director

FRANCIS J. DOWLING

Chief Deputy Director

R. W. BURGOYNE, M.D.

Medical Director



EXHIBIT I  
Attachment to DMH Policy # 400.6  
BOARD OF SUPERVISORS

PETER F. SCHABARUM  
KENNETH HAHN  
EDMUND D. EDELMAN  
DEANE DANA  
MICHAEL D. ANTONOVICH

## DEPARTMENT OF MENTAL HEALTH

2415 WEST SIXTH STREET, LOS ANGELES, CALIFORNIA 90057

Reply To:

TO: Department of Mental Health  
Accounting Division  
2415 West 6th Street  
Los Angeles, CA 90057  
  
Attn: Expenditure Accounting

FROM:

SUBJECT: REQUEST FOR OVERTIME/TEMPORARY TRANSFER HOURS ADJUSTMENT

During the pay period of \_\_\_\_\_ through \_\_\_\_\_,  
staff from \_\_\_\_\_, Cost Center number  
\_\_\_\_\_, have provided services in other cost centers.

We request that based on the information provided on the reverse side of this page your staff make the corresponding adjustments to salary costs as needed.

DD:JR:dc

cc: Cost Center Managers

**SCHEDULE OF OVERTIME/TEMPORARY TRANSFER HOURS ADJUSTMENT**

[illegible]

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## DEPARTMENT OF MENTAL HEALTH

2415 WEST SIXTH STREET, LOS ANGELES, CALIFORNIA 90057

Reply To:

DATE:

TO:

FROM:

SUBJECT: VALIDATION OF HOURS WORKED

During the pay period \_\_\_\_\_ to \_\_\_\_\_  
 worked in the \_\_\_\_\_ cost center. This is to  
 certify that the employee named below has provided the services  
 indicated for the hours shown.

DAY	REASONS CODE	HOURS WORKED
16		
1		
17		
2		
18		
3		
19		
4		
20		
5		
21		
6		
22		
7		
23		
8		
24		
9		
25		
10		
26		
11		
27		
12		
28		
13		
29		
14		
30		
15		
31		

EMPLOYEE #

EMPLOYEE NAME

ITEM

TOTAL HOURS WORKED

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE